Key Terms

agoraphobia anxiety disorder characterized by intense fear, anxiety, and avoidance of situations in which it might be difficult to escape if one experiences symptoms of a panic attack

antisocial personality disorder characterized by a lack of regard for others' rights, impulsivity, deceitfulness, irresponsibility, and lack of remorse over misdeeds

anxiety disorder characterized by excessive and persistent fear and anxiety, and by related disturbances in behavior

attention deficit/hyperactivity disorder childhood disorder characterized by inattentiveness and/or hyperactive, impulsive behavior

atypical describes behaviors or feelings that deviate from the norm

autism spectrum disorder childhood disorder characterized by deficits in social interaction and communication, and repetitive patterns of behavior or interests

bipolar and related disorders group of mood disorders in which mania is the defining feature

bipolar disorder mood disorder characterized by mood states that vacillate between depression and mania

body dysmorphic disorder involves excessive preoccupation with an imagined defect in physical appearance

borderline personality disorder instability in interpersonal relationships, self-image, and mood, as well as impulsivity; key features include intolerance of being alone and fear of abandonment, unstable relationships, unpredictable behavior and moods, and intense and inappropriate anger

catatonic behavior decreased reactivity to the environment; includes posturing and catatonic stupor

comorbidity co-occurrence of two disorders in the same individual

***Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5)** authoritative index of mental disorders and the criteria for their diagnosis; published by the American Psychiatric Association (APA)

delusion belief that is contrary to reality and is firmly held, despite contradictory evidence

depersonalization/derealization disorder dissociative disorder in which people feel detached from the self (depersonalization), and the world feels artificial and unreal (derealization)

depressive disorder one of a group of mood disorders in which depression is the defining feature

diagnosis determination of which disorder a set of symptoms represents

diathesis-stress model suggests that people with a predisposition for a disorder (a diathesis) are more likely to develop the disorder when faced with stress; model of psychopathology

disorganized thinking disjointed and incoherent thought processes, usually detected by what a person says

disorganized/abnormal motor behavior highly unusual behaviors and movements (such as child-like behaviors), repeated and purposeless movements, and displaying odd facial expressions and gestures

dissociative amnesia dissociative disorder characterized by an inability to recall important personal information, usually following an extremely stressful or traumatic experience

dissociative disorders group of DSM-5 disorders in which the primary feature is that a person becomes dissociated, or split off, from his or her core sense of self, resulting in disturbances in identity and memory

dissociative fugue symptom of dissociative amnesia in which a person suddenly wanders away from one's home and experiences confusion about his or her identity

dissociative identity disorder dissociative disorder (formerly known as multiple personality disorder) in which a person exhibits two or more distinct, well-defined personalities or identities and experiences memory gaps for the time during which another identity emerged

dopamine hypothesis theory of schizophrenia that proposes that an overabundance of dopamine or dopamine receptors is responsible for the onset and maintenance of schizophrenia

etiology cause or causes of a psychological disorder

flashback psychological state lasting from a few seconds to several days, during which one relives a traumatic event and behaves as though the event were occurring at that moment

flight of ideas symptom of mania that involves an abruptly switching in conversation from one topic to another

generalized anxiety disorder characterized by a continuous state of excessive, uncontrollable, and pointless worry and apprehension

grandiose delusion characterized by beliefs that one holds special power, unique knowledge, or is extremely important

hallucination perceptual experience that occurs in the absence of external stimulation, such as the auditory hallucinations (hearing voices) common to schizophrenia

harmful dysfunction model of psychological disorders resulting from the inability of an internal mechanism to perform its natural function

hoarding disorder characterized by persistent difficulty in parting with possessions, regardless of their actual value or usefulness

hopelessness theory cognitive theory of depression proposing that a style of thinking that perceives negative life events as having stable and global causes leads to a sense of hopelessness and then to depression

International Classification of Diseases **(ICD)** authoritative index of mental and physical diseases, including infectious diseases, and the criteria for their diagnosis; published by the World Health Organization (WHO)

locus coeruleus area of the brainstem that contains norepinephrine, a neurotransmitter that triggers the body's fight-or-flight response; has been implicated in panic disorder

major depressive disorder commonly referred to as "depression" or "major depression," characterized by sadness or loss of pleasure in usual activities, as well other symptoms

mania state of extreme elation and agitation

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manic episode period in which an individual experiences mania, characterized by extremely cheerful and euphoric mood, excessive talkativeness, irritability, increased activity levels, and other symptoms

mood disorder one of a group of disorders characterized by severe disturbances in mood and emotions; the categories of mood disorders listed in the DSM-5 are bipolar and related disorders and depressive disorders

negative symptom characterized by decreases and absences in certain normal behaviors, emotions, or drives, such as an expressionless face, lack of motivation to engage in activities, reduced speech, lack of social engagement, and inability to experience pleasure

neurodevelopmental disorder one of the disorders that are first diagnosed in childhood and involve developmental problems in academic, intellectual, social functioning

obsessive-compulsive and related disorders group of overlapping disorders listed in the DSM-5 that involves intrusive, unpleasant thoughts and/or repetitive behaviors

obsessive-compulsive disorder characterized by the tendency to experience intrusive and unwanted thoughts and urges (obsession) and/or the need to engage in repetitive behaviors or mental acts (compulsions) in response to the unwanted thoughts and urges

orbitofrontal cortex area of the frontal lobe involved in learning and decision-making

panic attack period of extreme fear or discomfort that develops abruptly; symptoms of panic attacks are both physiological and psychological

panic disorder anxiety disorder characterized by unexpected panic attacks, along with at least one month of worry about panic attacks or self-defeating behavior related to the attacks

paranoid delusion characterized by beliefs that others are out to harm them

peripartum onset subtype of depression that applies to women who experience an episode of major depression either during pregnancy or in the four weeks following childbirth

persistent depressive disorder depressive disorder characterized by a chronically sad and melancholy mood

personality disorder group of DSM-5 disorders characterized by an inflexible and pervasive personality style that differs markedly from the expectations of one's culture and causes distress and impairment; people with these disorders have a personality style that frequently brings them into conflict with others and disrupts their ability to develop and maintain social relationships

posttraumatic stress disorder (PTSD) experiencing a profoundly traumatic event leads to a constellation of symptoms that include intrusive and distressing memories of the event, avoidance of stimuli connected to the event, negative emotional states, feelings of detachment from others, irritability, proneness toward outbursts, hypervigilance, and a tendency to startle easily; these symptoms must occur for at least one month

prodromal symptom in schizophrenia, one of the early minor symptoms of psychosis

psychological disorder condition characterized by abnormal thoughts, feelings, and behaviors

psychopathology study of psychological disorders, including their symptoms, causes, and treatment; manifestation of a psychological disorder

rumination in depression, tendency to repetitively and passively dwell on one's depressed symptoms, their meanings, and their consequences

safety behavior mental and behavior acts designed to reduce anxiety in social situations by reducing the chance of negative social outcomes; common in social anxiety disorder

schizophrenia severe disorder characterized by major disturbances in thought, perception, emotion, and behavior with symptoms that include hallucinations, delusions, disorganized thinking and behavior, and negative symptoms

seasonal pattern subtype of depression in which a person experiences the symptoms of major depressive disorder only during a particular time of year

social anxiety disorder characterized by extreme and persistent fear or anxiety and avoidance of social situations in which one could potentially be evaluated negatively by others

somatic delusion belief that something highly unusual is happening to one's body or internal organs

specific phobia anxiety disorder characterized by excessive, distressing, and persistent fear or anxiety about a specific object or situation

suicidal ideation thoughts of death by suicide, thinking about or planning suicide, or making a suicide attempt

suicide death caused by intentional, self-directed injurious behavior

supernatural describes a force beyond scientific understanding

ventricle one of the fluid-filled cavities within the brain

Summary

15.1 What Are Psychological Disorders?

Psychological disorders are conditions characterized by abnormal thoughts, feelings, and behaviors. Although challenging, it is essential for psychologists and mental health professionals to agree on what kinds of inner experiences and behaviors constitute the presence of a psychological disorder. Inner experiences and behaviors that are atypical or violate social norms could signify the presence of a disorder; however, each of these criteria alone is inadequate. Harmful dysfunction describes the view that psychological disorders result from the inability of an internal mechanism to perform its natural function. Many of the features of harmful dysfunction conceptualization have been incorporated in the APA's formal definition of psychological disorders. According to this definition, the presence of a psychological disorder is signaled by significant disturbances in thoughts, feelings, and behaviors; these disturbances must reflect some kind of dysfunction (biological, psychological, or developmental), must cause significant impairment in one's life, and must not reflect culturally expected reactions to certain life events.

15.2 Diagnosing and Classifying Psychological Disorders

The diagnosis and classification of psychological disorders is essential in studying and treating psychopathology. The classification system used by most U.S. professionals is the DSM-5. The first edition of the DSM was published in 1952, and has undergone numerous revisions. The 5th and most recent edition, the DSM-5, was published in 2013. The diagnostic manual includes a total of 237 specific diagnosable disorders, each described in detail, including its symptoms, prevalence, risk factors, and comorbidity. Over time, the number of diagnosable conditions listed in the DSM has grown steadily, prompting criticism from some. Nevertheless, the diagnostic criteria in the DSM are more explicit than

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that of any other system, which makes the DSM system highly desirable for both clinical diagnosis and research.

15.3 Perspectives on Psychological Disorders

Psychopathology is very complex, involving a plethora of etiological theories and perspectives. For centuries, psychological disorders were viewed primarily from a supernatural perspective and thought to arise from divine forces or possession from spirits. Some cultures continue to hold this supernatural belief. Today, many who study psychopathology view mental illness from a biological perspective, whereby psychological disorders are thought to result largely from faulty biological processes. Indeed, scientific advances over the last several decades have provided a better understanding of the genetic, neurological, hormonal, and biochemical bases of psychopathology. The psychological perspective, in contrast, emphasizes the importance of psychological factors (e.g., stress and thoughts) and environmental factors in the development of psychological disorders. A contemporary, promising approach is to view disorders as originating from an integration of biological and psychosocial factors. The diathesis-stress model suggests that people with an underlying diathesis, or vulnerability, for a psychological disorder are more likely than those without the diathesis to develop the disorder when faced with stressful events.

15.4 Anxiety Disorders

Anxiety disorders are a group of disorders in which a person experiences excessive, persistent, and distressing fear and anxiety that interferes with normal functioning. Anxiety disorders include specific phobia: a specific unrealistic fear; social anxiety disorder: extreme fear and avoidance of social situations; panic disorder: suddenly overwhelmed by panic even though there is no apparent reason to be frightened; agoraphobia: an intense fear and avoidance of situations in which it might be difficult to escape; and generalized anxiety disorder: a relatively continuous state of tension, apprehension, and dread.

15.5 Obsessive-Compulsive and Related Disorders

Obsessive-compulsive and related disorders are a group of DSM-5 disorders that overlap somewhat in that they each involve intrusive thoughts and/or repetitive behaviors. Perhaps the most recognized of these disorders is obsessive-compulsive disorder, in which a person is obsessed with unwanted, unpleasant thoughts and/or compulsively engages in repetitive behaviors or mental acts, perhaps as a way of coping with the obsessions. Body dysmorphic disorder is characterized by the individual becoming excessively preoccupied with one or more perceived flaws in his physical appearance that are either nonexistent or unnoticeable to others. Preoccupation with the perceived physical defects causes the person to experience significant anxiety regarding how he appears to others. Hoarding disorder is characterized by persistent difficulty in discarding or parting with objects, regardless of their actual value, often resulting in the accumulation of items that clutter and congest her living area.

15.6 Posttraumatic Stress Disorder

Posttraumatic stress disorder (PTSD) was described through much of the 20th century and was referred to as shell shock and combat neurosis in the belief that its symptoms were thought to emerge from the stress of active combat. Today, PTSD is defined as a disorder in which the experience of a traumatic or profoundly stressful event, such as combat, sexual assault, or natural disaster, produces a constellation of symptoms that must last for one month or more. These symptoms include intrusive and distressing memories of the event, flashbacks, avoidance of stimuli or situations that are connected to the event, persistently negative emotional states, feeling detached from others, irritability, proneness toward outbursts, and a tendency to be easily startled. Not everyone who experiences a traumatic event will develop PTSD; a variety of risk factors associated with its development have been identified.

15.7 Mood Disorders

Mood disorders are those in which the person experiences severe disturbances in mood and emotion. They include depressive disorders and bipolar and related disorders. Depressive disorders include major depressive disorder, which is characterized by episodes of profound sadness and loss of interest or pleasure in usual activities and other associated features, and persistent depressive disorder, which

marked by a chronic state of sadness. Bipolar disorder is characterized by mood states that vacillate between sadness and euphoria; a diagnosis of bipolar disorder requires experiencing at least one manic episode, which is defined as a period of extreme euphoria, irritability, and increased activity. Mood disorders appear to have a genetic component, with genetic factors playing a more prominent role in bipolar disorder than in depression. Both biological and psychological factors are important in the development of depression. People who suffer from mental health problems, especially mood disorders, are at heightened risk for suicide.

15.8 Schizophrenia

Schizophrenia is a severe disorder characterized by a complete breakdown in one's ability to function in life; it often requires hospitalization. People with schizophrenia experience hallucinations and delusions, and they have extreme difficulty regulating their emotions and behavior. Thinking is incoherent and disorganized, behavior is extremely bizarre, emotions are flat, and motivation to engage in most basic life activities is lacking. Considerable evidence shows that genetic factors play a central role in schizophrenia; however, adoption studies have highlighted the additional importance of environmental factors. Neurotransmitter and brain abnormalities, which may be linked to environmental factors such as obstetric complications or exposure to influenza during the gestational period, have also been implicated. A promising new area of schizophrenia research involves identifying individuals who show prodromal symptoms and following them over time to determine which factors best predict the development of schizophrenia. Future research may enable us to pinpoint those especially at risk for developing schizophrenia and who may benefit from early intervention.

15.9 Dissociative Disorders

The main characteristic of dissociative disorders is that people become dissociated from their sense of self, resulting in memory and identity disturbances. Dissociative disorders listed in the DSM-5 include dissociative amnesia, depersonalization/derealization disorder, and dissociative identity disorder. A person with dissociative amnesia is unable to recall important personal information, often after a stressful or traumatic experience.

Depersonalization/derealization disorder is characterized by recurring episodes of depersonalization (i.e., detachment from or unfamiliarity with the self) and/or derealization (i.e., detachment from or unfamiliarity with the world). A person with dissociative identity disorder exhibits two or more well-defined and distinct personalities or identities, as well as memory gaps for the time during which another identity was present.

Dissociative identity disorder has generated controversy, mainly because some believe its symptoms can be faked by patients if presenting its symptoms somehow benefits the patient in avoiding negative consequences or taking responsibility for one's actions. The diagnostic rates of this disorder have increased dramatically following its portrayal in popular culture. However, many people legitimately suffer over the course of a lifetime with this disorder.

15.10 Personality Disorders

Individuals with personality disorders exhibit a personality style that is inflexible, causes distress and impairment, and creates problems for themselves and others. The DSM-5 recognizes 10 personality disorders, organized into three clusters. The disorders in Cluster A include those characterized by a personality style that is odd and eccentric. Cluster B includes personality disorders characterized chiefly by a personality style that is impulsive, dramatic, highly emotional, and erratic, and those in Cluster C are characterized by a nervous and fearful personality style. Two Cluster B personality disorders, borderline personality disorder and antisocial personality disorder, are especially problematic. People with borderline personality disorder show marked instability in mood, behavior, and self-image, as well as impulsivity. They cannot stand to be alone, are unpredictable, have a history of stormy relationships, and frequently display intense and inappropriate anger. Genetic factors and adverse childhood experiences (e.g., sexual abuse) appear to be important in its development. People with antisocial personality display

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a lack of regard for the rights of others; they are impulsive, deceitful, irresponsible, and unburdened by any sense of guilt. Genetic factors and socialization both appear to be important in the origin of antisocial personality disorder. Research has also shown that those with this disorder do not experience emotions the way most other people do.

15.11 Disorders in Childhood

Neurodevelopmental disorders are a group of disorders that are typically diagnosed during childhood and are characterized by developmental deficits in personal, social, academic, and intellectual realms; these disorders include attention deficit/hyperactivity disorder (ADHD) and autism spectrum disorder. ADHD is characterized by a pervasive pattern of inattention and/or hyperactive and impulsive behavior that interferes with normal functioning. Genetic and neurobiological factors contribute to the development of ADHD, which can persist well into adulthood and is often associated with poor long-term outcomes. The major features of autism spectrum disorder include deficits in social interaction and communication and repetitive movements or interests. As with ADHD, genetic factors appear to play a prominent role in the development of autism spectrum disorder; exposure to environmental pollutants such as mercury have also been linked to the development of this disorder. Although it is believed by some that autism is triggered by the MMR vaccination, evidence does not support this claim.

Review Questions

1. In the harmful dysfunction definition of psychological disorders, dysfunction involves _____.

a. the inability of an psychological mechanism to perform its function
b. the breakdown of social order in one's community
c. communication problems in one's immediate family
d. all the above

2. Patterns of inner experience and behavior are thought to reflect the presence of a psychological disorder if they _____.

a. are highly atypical
b. lead to significant distress and impairment in one's life
c. embarrass one's friends and/or family
d. violate the norms of one's culture

3. The letters in the abbreviation DSM-5 stand for _____.

a. Diseases and Statistics Manual of Medicine
b. Diagnosable Standards Manual of Mental Disorders
c. Diseases and Symptoms Manual of Mental Disorders
d. Diagnostic and Statistical Manual of Mental Disorders

4. A study based on over 9,000 U. S. residents found that the most prevalent disorder was _____.

a. major depressive disorder
b. social anxiety disorder
c. obsessive-compulsive disorder
d. specific phobia

5. The diathesis-stress model presumes that psychopathology results from _____.

a. vulnerability and adverse experiences
b. biochemical factors
c. chemical imbalances and structural abnormalities in the brain
d. adverse childhood experiences

6. Dr. Anastasia believes that major depressive disorder is caused by an over-secretion of cortisol. His view on the cause of major depressive disorder reflects a _____ perspective.

a. psychological
b. supernatural
c. biological
d. diathesis-stress

7. In which of the following anxiety disorders is the person in a continuous state of excessive, pointless worry and apprehension?

a. panic disorder
b. generalized anxiety disorder
c. agoraphobia

d. social anxiety disorder

8. Which of the following would constitute a safety behavior?
a. encountering a phobic stimulus in the company of other people
b. avoiding a field where snakes are likely to be present
c. avoiding eye contact
d. worrying as a distraction from painful memories

9. Which of the following best illustrates a compulsion?
a. mentally counting backward from 1,000
b. persistent fear of germs
c. thoughts of harming a neighbor
d. falsely believing that a spouse has been cheating

10. Research indicates that the symptoms of OCD _____.
a. are similar to the symptoms of panic disorder
b. are triggered by low levels of stress hormones
c. are related to hyperactivity in the orbitofrontal cortex
d. are reduced if people are asked to view photos of stimuli that trigger the symptoms

11. Symptoms of PTSD include all of the following *except* _____.
a. intrusive thoughts or memories of a traumatic event
b. avoidance of things that remind one of a traumatic event
c. jumpiness
d. physical complaints that cannot be explained medically

12. Which of the following elevates the risk for developing PTSD?
a. severity of the trauma
b. frequency of the trauma
c. high levels of intelligence
d. social support

13. Common symptoms of major depressive disorder include all of the following *except* _____.
a. periods of extreme elation and euphoria
b. difficulty concentrating and making decisions
c. loss of interest or pleasure in usual activities
d. psychomotor agitation and retardation

14. Suicide rates are _____ among men than among women, and they are _____ during the winter holiday season than during the spring months.
a. higher; higher
b. lower; lower
c. higher; lower
d. lower; higher

15. Clifford falsely believes that the police have planted secret cameras in his home to monitor his every movement. Clifford's belief is an example of _____.
a. a delusion
b. a hallucination
c. tangentiality
d. a negative symptom

16. A study of adoptees whose biological mothers had schizophrenia found that the adoptees were most likely to develop schizophrenia _____.
a. if their childhood friends later developed schizophrenia
b. if they abused drugs during adolescence
c. if they were raised in a disturbed adoptive home environment
d. regardless of whether they were raised in a healthy or disturbed home environment

17. Dissociative amnesia involves _____.
a. memory loss following head trauma
b. memory loss following stress
c. feeling detached from the self
d. feeling detached from the world

18. Dissociative identity disorder mainly involves _____.
a. depersonalization
b. derealization
c. schizophrenia
d. different personalities

19. People with borderline personality disorder often _____.
a. try to be the center of attention

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b. are shy and withdrawn
c. are impulsive and unpredictable
d. tend to accomplish goals through cruelty

20. Antisocial personality disorder is associated with _____.
a. emotional deficits
b. memory deficits
c. parental overprotection
d. increased empathy

21. Which of the following is *not* a primary characteristic of ADHD?
a. short attention span
b. difficulty concentrating and distractibility
c. restricted and fixated interest
d. excessive fidgeting and squirming

22. One of the primary characteristics of autism spectrum disorder is _____.
a. bed-wetting
b. difficulty relating to others
c. short attention span
d. intense and inappropriate interest in others

Critical Thinking Questions

23. Discuss why thoughts, feelings, or behaviors that are merely atypical or unusual would not necessarily signify the presence of a psychological disorder. Provide an example.

24. Describe the DSM-5. What is it, what kind of information does it contain, and why is it important to the study and treatment of psychological disorders?

25. The International Classification of Diseases (ICD) and the DSM differ in various ways. What are some of the differences in these two classification systems?

26. Why is the perspective one uses in explaining a psychological disorder important?

27. Describe how cognitive theories of the etiology of anxiety disorders differ from learning theories.

28. Discuss the common elements of each of the three disorders covered in this section: obsessive-compulsive disorder, body dysmorphic disorder, and hoarding disorder.

29. List some of the risk factors associated with the development of PTSD following a traumatic event.

30. Describe several of the factors associated with suicide.

31. Why is research following individuals who show prodromal symptoms of schizophrenia so important?

32. The prevalence of most psychological disorders has increased since the 1980s. However, as discussed in this section, scientific publications regarding dissociative amnesia peaked in the mid-1990s but then declined steeply through 2003. In addition, no fictional or nonfictional description of individuals showing dissociative amnesia following a trauma exists prior to 1800. How would you explain this phenomenon?

33. Imagine that a child has a genetic vulnerability to antisocial personality disorder. How might this child's environment shape the likelihood of developing this personality disorder?

34. Compare the factors that are important in the development of ADHD with those that are important in the development of autism spectrum disorder.

Personal Application Questions

35. Identify a behavior that is considered unusual or abnormal in your own culture; however, it would be considered normal and expected in another culture.

36. Even today, some believe that certain occurrences have supernatural causes. Think of an event, recent or historical, for which others have provided supernatural explanation.

37. Think of someone you know who seems to have a tendency to make negative, self-defeating explanations for negative life events. How might this tendency lead to future problems? What steps do you think could be taken to change this thinking style?

38. Try to find an example (via a search engine) of a past instance in which a person committed a horrible crime, was apprehended, and later claimed to have dissociative identity disorder during the trial. What was the outcome? Was the person revealed to be faking? If so, how was this determined?

39. Discuss the characteristics of autism spectrum disorder with a few of your friends or members of your family (choose friends or family members who know little about the disorder) and ask them if they think the cause is due to bad parenting or vaccinations. If they indicate that they believe either to be true, why do you think this might be the case? What would be your response?

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